

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037101

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 336

FILED OCT 2 1963

1. PLACE OF DEATH

a. COUNTY **Pettis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Sedalia**

Length of stay in lb
7 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **DQA Bothwell Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Pettis**

c. CITY
OR TOWN **Sedalia**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

3 Miles South of Sedalia Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

VELMER

JOHN HERMAN

HARMS

4. DATE OF DEATH

Month

Day

Year

September 25, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

1-31-1927

9. AGE (last birthday)

36

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Partner

10b. KIND OF BUSINESS OR INDUSTRY

Service Station

11. BIRTHPLACE (City and state or country)

Cole Camp, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Marcus E. L. Harms

13b. MOTHER'S MAIDEN NAME

Pauline Klinkworth

14. NAME OF HUSBAND OR WIFE

Eula Mae Baum Harms

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes

16. SOCIAL SECURITY NO.

WN 21

17. INFORMANT

Mrs. Velmer Harms, Route 1, Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basilar fracture of skull

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

resulting from automobile accident

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
Sudden

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Truck and car collision at junction

20c. TIME OF INJURY

Hour a.m. p.m.

9-25-63

9 Clinton Road and U.S. 65 in Sedalia Mo.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

Public Highway

20f. CITY, TOWN, OR LOCATION.

Sedalia

COUNTY

Pettis

STATE

Mo.

21. I examined the deceased from

as corner

and last saw him alive on

Death occurred at

8:15 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles Gordon Humphreys M.D.

(Degree or title)

22b. ADDRESS

Corner, Pettis Co.

22c. DATE SIGNED

9-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-28-1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Sedalia, Missouri

24. FUNERAL DIRECTOR

D.W. Heckart, Gillespie Funeral Home

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

Sept. 28 '63

26. REGISTRAR'S SIGNATURE

Francis Shelby, Jr.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John P. Farmer Jr.

Licensed Embalmer No.

5173

P. O. Address

Subalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.